

## Signature Authorization Statement

Please return form to: Kathleen Kannas, Grants Management Analyst  
Department of Community, Trade and Economic Development  
Economic Development Division  
PO Box 42525  
Olympia WA 98504-2525

**Name of Contractor:** \_\_\_\_\_ **Contract Number:** \_\_\_\_\_

**Contract Description:** \_\_\_\_\_

**Business Type:** (Individuals, partnerships and sole proprietor's must also submit form W-9)

☐ Individual    ☐ Sole Proprietorship    ☐ Corporation    ☐ Partnership  
☐ Non-Profit Corporation: (type) \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Government Type:**

☐ City ☐ County ☐ Port ☐ Tribe ☐ Other

**Tax Identification Number:**

		-								Enter for Local Governments, Tribes and other Business types
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**Or**

**Social Security Number:**

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 Enter for Individual or Sole Proprietorship Only

**\*\*The state of Washington is unable to issue vendor payments without a tax identification or social security number.**

**Authorized to sign Requests for Reimbursements** (Two signatures are required. One may be the same as authorized signature below.)

Signature	Print or Type Name	Title		If elected, end of Term date

I certify that the tax payer identification number and business type shown on this form are correct. I certify that I have been given the authority by \_\_\_\_\_ to negotiate and execute contracts. In addition, I give the above persons the authority to sign reimbursement requests.

**Authorized Signature for contracts**

Date \_\_\_\_\_

**If elected, end of Term  
date**